

PROFESSIONAL PHOTOGRAPHERS INSURANCE PROGRAM - QUOTE REQUEST FORM

Name: _____

Company Name: _____

Address: _____

City, Province, P.C.: _____

Phone: Bus _____ Fax _____ Cell _____

Email Address: _____

Member of PPOC? yes no

Have you had previous insurance? ___ Yes ___ No Carrier Name?

Insured location is ___ home ___ commercial studio

Year built _____ Construction of building _____

Is building alarmed _____ Sprinklered _____

Operation are photo studio only or describe other operations

Number of Years in Business _____

Annual Gross Receipts _____

Any Business Operations outside of Canada _____

INSURANCE LIMITS REQUIRED:

Limits below should reflect today's replacement values.

BUILDING (if owned) - \$ _____ Total Area _____

TENANTS IMPROVEMENTS (if rented) - \$ _____

PHOTOGRAPHIC EQUIPMENT - \$ _____

EQUIPMENT OFF PREMISES (\$25,000. included) - \$ _____

OFFICE EQUIPMENT - \$ _____

STOCK (items held for resale) - \$ _____

CUSTOMERS' GOODS - \$ _____

COMPUTER/DIGITAL EQUIPMENT -

HARDWARE - \$ _____ SOFTWARE - \$ _____

LAPTOPS - \$ _____

Make, Model, Serial # _____

Any Claims in the last 5 years? _____